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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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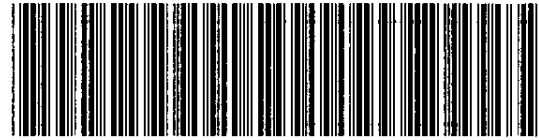
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THERAMED, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Albert
(Name of Person)

(Firm/Company)

PO Box 8887
(Address)

Jacksonville, FL 32239
(City/State and Zip Code)

For further information concerning this matter, please call:

George Albert at (**904**) **237-5239**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

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TALLAHASSEE, FLORIDA

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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

THERAMED, LLC

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I

NAME

The name of the limited liability company (the "Company") is Theramed, LLC.

ARTICLE II

DURATION

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in §608.402(24) of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III

ADDRESS

The mailing address for the Company shall be P.O. Box 8887, Jacksonville, Florida 32239, and the principal office of the Company shall be 9360 Lem Turner Road, Jacksonville, Florida 32208.

ARTICLE IV

REGISTERED AGENT

The initial registered office of the Company shall be 9360 Lem Turner Road, Jacksonville, Florida 32208 and its initial registered agent at such office shall be George Albert.

ARTICLE V

INITIAL MANAGING MEMBER

MGRM	George Albert P.O. Box 8887 Jacksonville, FL 32239
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ARTICLE VI

CONTINUATION OF BUSINESS

The remaining members of the Company may continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event

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which terminates the continued membership of the member or members in the Company as provided in the Act or the Operating Agreement of the Company.

ARTICLE VII
MANAGEMENT OF THE COMPANY

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned, a member of the Company has executed these Articles of Organization on behalf of the Company in accordance with §608.407(3) of the Act.

Dated this 29 ^{November} day of ~~October~~, 2007.



George Albert
Authorized Representative

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TALLAHASSEE, FLORIDA

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CERTIFICATE DESIGNATING REGISTERED OFFICE
AND REGISTERED AGENT FOR SERVICE OF PROCESS
WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

Theramed, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates George Albert as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 5365 Oak Bay Drive North, Jacksonville, Florida 32277.

Dated this 29 day of ^{November}~~October~~, 2007.

Theramed, LLC

By: 
George Albert
Authorized representative

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 29 day of ^{November}~~October~~, 2007.


George Albert

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